

**Department of Commerce  
Low-Income Weatherization Program  
Native American Outreach Plan**

**Hard copy with original signatures due no later than December 31, 2011**

Please **DO NOT WAIT** until you have all the information requested before you submit your plan. This template is designed to assist you in developing your plan. It will be an ongoing activity, changing as you discover new opportunities. Reminder: This plan cannot be developed in a vacuum. Bring your tribal and Commerce partners into the conversation. Call Eunice for assistance.

Contact Eunice Herren at (360) 725-2949  
or [Eunice.herren@commerce.wa.gov](mailto:Eunice.herren@commerce.wa.gov)  
with any questions about completing or  
submitting the plan or coordinating  
with the Native Americans in your area.

<b>Agency:</b>	
<b>Contact:</b>	
<b>Phone:</b>	<b>E-mail:</b>
<b>Native Americans in service area:</b> <i>List Tribes and/or Urban Indian populations.</i>	
<b>What percentage of your area population is Low-Income Native American?</b> <i>Refer to Weatherization Manual for Managing the Low-Income Weatherization Program; Exhibits, Chapter 1, exhibit 1.1.1A.</i>	
<b>Current number of Native American households served by your agency annually in each county. Percentage of total served in each county.</b>	
<b>Tribal contacts/partners for each tribe or area:</b>	<b>Other notes:</b>
<b>Current coordination with each tribe:</b>	

<p><b>What do you know about the Native American housing stock:</b>  <i>If you cannot provide this information at this time, when will you be able to provide it?</i></p> <ul style="list-style-type: none"> <li>• Tribally managed housing: <ul style="list-style-type: none"> <li>○ How many</li> <li>○ Weatherization needs</li> <li>○ Repair needs</li> </ul> </li> <li>• Privately owned housing: <ul style="list-style-type: none"> <li>○ How many</li> <li>○ Weatherization needs</li> <li>○ Repair needs</li> </ul> </li> </ul>	
<p><b>What Tribal Wx Program/services are currently available to Native Americans:</b>  <i>If you cannot provide this information at this time, when will you be able to provide it?</i></p> <p>Who do they serve?</p> <ul style="list-style-type: none"> <li>• Enrolled members of their tribe</li> <li>• All enrolled federally recognized Indians</li> <li>• All Indians</li> <li>• Non-Natives</li> <li>• On reservation</li> <li>• Off reservation</li> </ul> <p>Capacity: How many can they serve each year</p> <p>What is your current coordination with these programs</p>	
<p><b>In addition to working with the tribes in your area, how else will you outreach to Native Americans?</b>  <i>Note: Most tribes serve only members of federally recognized tribes on their reservation. What about all the other low-income Indians in your area?</i></p>	
<p><b>Which of your current management and staff have taken the State/Tribal Relations Training presented by Governor's Office of Indian Affairs?</b></p>	

<p><b>Has your outreach staff and anyone who will be participating in meetings with tribes taken this training? If not, when are they scheduled to take it?</b>  <i>Public entities may register by contacting the administrative staff at DOP at (360) 664-1921 between the hours of 8 a.m. and 5 p.m. Monday through Friday. This training may be charged to your T&amp;TA budget. Contact Eunice if you need more information.</i></p>	
<p><b>What are your agency goals for outreach:</b></p> <p>What's going well          What could be better</p> <p>What is your budget for serving Native Americans</p> <p>What is your service goal for Native American households</p>	
<p><b>Your agency three year outreach plans:</b></p> <p><b>2012:</b></p> <p><b>2013:</b></p> <p><b>2014:</b></p> <p>Who will do it          What will they do          When will they do it          How often          Anticipated results          How will you evaluate your outreach progress</p>	
<p><b>Any other information you'd like to share:</b></p>	
<p><b>How can Commerce assist you in creating your Native American Outreach Plan?</b></p>	
<p><b>Plan approval:</b></p> <p>Agency Executive Director _____ Date: _____</p> <p>Agency Weatherization Manager _____ Date: _____</p>	

Commerce Representative \_\_\_\_\_ Date: \_\_\_\_\_

Revised 10/10/11